| | Caco 17 272 | 11 Doc 2 | 9 Filad N1/11/19 | Entered 01/11/18 10:45:29 | Desc Main |
|---|--|--|---|---|------------------------------------|
| Fill in this in | formation to identify yo | ur case: | | 1 of 9 | Desc Main |
| Debtor 1 | Patrick | | Johnson | | |
| Dobtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the : _ | NORTHERN Dist | rict of <u>ILLINOIS</u> | | |
| Case Numbe | r_ 17-27211 | | (State) | | X Check if this is an |
| (If known) | | | | | amended filing |
| Official F | orm 106E/F | | | | • |
| | | Who Have | Unsecured Claims | | 12/15 |
| ist the other p \(\begin{align*} B: Property (\) reditors with peded, copy top of any addi | arty to any executory co Official Form 106A/B) an partially secured claims t | ontracts or unexpi ad on Schedule G: that are listed in S ut, number the en name and case nu | red leases that could result in a Executory Contracts and Unes Schedule D: Creditors Who Have tries in the boxes on the left. At | s and Part 2 for creditors with NONPRIORITY c a claim. Also list executory contracts on Scheo spired Leases (Official Form 106G). Do not inc e Claims Secured by Property. If more space i ttach the Continuation Page to this page. On the | <i>dule</i> clude any is |
| 1. Do any cre | ditors have priority unse | ecured claims aga | inst you? | | |
| No. Go | o to Part 2. | | | | |
| Yes. | | | | | |
| | our priority unsecured o | claims. If a creditor | r has more than one priority unse | ecured claim, list the creditor separately for each | ı claim. For |
| each claim nonpriority unsecured | listed, identify what type amounts. As much as po claims, fill out the Continu | of claim it is. If a classible, list the clair uation Page of Par | laim has both priority and nonprions in alphabetical order according tall. If more than one creditor hole | ority amounts, list that claim here and show both g to the creditor's name. If you have more than t ds a particular claim, list the other creditors in Pa | n priority and two priority |
| (For an exp | planation of each type of o | claim, see the instr | ructions for this form in the instru | , | Delaute Namedaute |
| | | | | Total claim | Priority Nonpriority amount amount |
| Part 2: | List All of Your NONPRIOR | RITY Unsecured Cla | aims | | |
| 3. Do any cre | ditors have nonpriority i | unsecured claims | against you? | | |
| ∏ No. Yo | ou have nothing to report | in this part. Submi | it this form to the court with your | other schedules. | |
| Yes. | a nave neum.g te repent | para - cas | | | |
| nonpriority included in | unsecured claim, list the | creditor separately creditor holds a pa | for each claim. For each claim li | r who holds each claim. If a creditor has more t isted, identify what type of claim it is. Do not list iors in Part 3.If you have more than three nonpri | claims already |
| 4.1 Blue C | ross Blue Sheild | | Last 4 digits of account number | | \$ 500.00 |
| Creditor's | Name | | | | |
| | st Randolph | | When was the debt incurred? | | |
| Number | Street | | | | |
| | | | As of the date you file, the claim i | s: Check all that apply. | |
| Chicago | o IL | 60601 | Contingent | | |
| City | | Zip Code | Unliquidated | | |
| _ | s the debt? Check one. | l | Disputed | | |
| Debtor | • | | | | |
| Debtor | • | · · · · · · · · · · · · · · · · · · · | Type of NONPRIORITY unsecured | I claim: | |
| = | 1 and Debtor 2 only | . I | Student loans | | |
| = | t one of the debtors and anot | her | Obligations arising out of a separa | | |
| | if this claim relates to a unity debt | ſ | that you did not report as priority of | | |
| | unity debt m subject to offest? | ı | Debts to pension or profit-sharing | pians, and other similar debts | |
| No | | ı | Other. Specify Medical/Denta | al Services | |
| \square_{vec} | | ı | Calci. Opcolly | | |

Page 2 of 9 Case Number (if known) 17-27211 ၂**Document** Debtor 1 Patrick

| After li | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|------------|--|---|--------------------|
| 4.2 | City of Chicago - EMS | Last 4 digits of account number | \$ <u>500.00</u> |
| 1.2 | Creditor's Name | | |
| | 33589 Treasury Center | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago IL 60694 | Unliquidated | |
| Ι, | City State Zip Code | Disputed | |
| l ì | Who owes the debt? Check one. | □ | |
| | Debtor 1 only | - (100100100101 | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| 1 | Check if this claim relates to a community debt | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| l 1 | s the claim subject to offest? | Debts to pension of profit-sharing plans, and other similar debts | |
| | No | Other. Specify Medical/Dental Services | |
| l į | Yes | Office. Specify | |
| 4.3 | City of Chicago Bureau Parking | Last 4 digits of account number | \$ 1,000.00 |
| | Creditor's Name | | |
| | 121 N. LaSalle St | When was the debt incurred? | |
| | Number Street | | |
| | Room 107 | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago IL 60602 | Unliquidated | |
| ١, | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| l i | Debtor 1 and Debtor 2 only | Student loans | |
| l i | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| 1 | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ļ <u>!</u> | s the claim subject to offest? | | |
| | No | Other. Specify Debt Owed | |
| | Yes | | |
| 4.4 | Dr. Jerome Antony | Last 4 digits of account number | \$ <u>500.00</u> |
| | Creditor's Name | When was the debt incurred? | |
| | 327 W 76th Street | when was the dept incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Chicago IL 60620 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ١ ١ | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Ī | Debtor 1 and Debtor 2 only | Student loans | |
| j | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| i | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| ! | s the claim subject to offest? | | |
| | No | Other. Specify | |
| | Yes | | |

Debtor 1 Patrick Page 3 of 9 Case Number (if known) 17-27211

| After li | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|----------|--|---|----------------|
| 4.5 | Equifax | Last 4 digits of account number | \$ 0.00 |
| | Creditor's Name | _ | |
| | PO Box 740241 | When was the debt incurred? 8/1/2017 12:00:00 AM | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Atlanta GA 30374 | Unliquidated | |
| Ι, | City State Zip Code | Disputed | |
| l ì | Who owes the debt? Check one. | | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| [| Check if this claim relates to a | that you did not report as priority claims | |
| ۱ ا | community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| l i | No | Other Court. | |
| l i | Yes | Other. Specify | |
| 4.6 | Experian | Last 4 digits of account number | \$ 0.00 |
| 1.0 | Creditor's Name | _ | |
| | PO Box 2002 | When was the debt incurred? 8/1/2017 12:00:00 AM | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Allen TX 75013 | Unliquidated | |
| | City State Zip Code | Disputed | |
| ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| ! | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| ١. | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| li | s the claim subject to offest? | _ | |
| | ■ No | Other. Specify | |
| 4.7 | Yes Guaranty Bank | Last 4 digits of account number | \$ 1,000.00 |
| 4.7 | Creditor's Name | Last 4 digits of account number | Ψ_1,000.00 |
| | 4000 W. Brown Deer Rd. | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date was file the status to Ot. 1. II.i. i | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Brown Deer WI 53209 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ١ ١ | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| [| Debtor 1 and Debtor 2 only | Student loans | |
| į į | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| l i | Check if this claim relates to a | that you did not report as priority claims | |
| ' | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| <u>!</u> | s the claim subject to offest? | _ | |
| | No | Other. Specify Personal Loan | |
| | Yes | - | |

Page 4 of 9 Case Number (if known) 17-27211 ၂**Document** Debtor 1 Patrick

| After I | isting any entries on this page, number them b | peginning with 4.4, followed by 4.5, and so forth. | Total Claim |
|---------------------------------------|--|--|------------------|
| 4.8 | Hammond Clinic | Last 4 digits of account number | \$ <u>500.00</u> |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Creditor's Name | • · · · · · · · · · · · · · · · · · · · | |
| | 7905 Calumet Ave. | When was the debt incurred? | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Munster IN 46321 | Unliquidated | |
| , | City State Zip Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | book to position of profit straining plants, and other strained dobb | |
| | No | Other. Specify Medical/Dental Service | |
| | Yes | | |
| 4.9 | Michelle Nichols c/o Leo Wiggins Jr. | Last 4 digits of account number 9334 | \$ <u>0.00</u> |
| | Creditor's Name | | |
| | 77 W. Washington St., | When was the debt incurred? | |
| | Number Street | | |
| | Ste. 1615 | As of the date you file, the claim is: Check all that apply. | |
| | Chiarana II COCOO | Contingent | |
| | Chicago IL 60602 City State Zip Code | Unliquidated | |
| , | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | ls the claim subject to offest? | | |
| | No | Other. Specify | |
| | Yes Quest Diagnostics | | * 0.00 |
| 4.10 | | Last 4 digits of account number | \$ <u>0.00</u> |
| | Creditor's Name PO Box 740020 | When was the debt incurred? | |
| | Number Street | | |
| | | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | Cincinnati OH 45274 | Contingent | |
| | City State Zip Code | Unliquidated | |
| ' | Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority claims | |
| | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offest? | Other Specify Medical/Dental Services | |
| | Yes | Other. Specify Medical/Dental Services | |
| | | | |

Debtor 1 Patrick Document Page 5 of 9 Case Number (if known) 17-27211

| After I | isting any entries on this page, number them be | ginning with 4.4, followed by 4.5, and | I so forth. | Total Claim |
|----------|--|---|-----------------------------|---------------------|
| 4.11 | Regional Acceptance CO | Last 4 digits of account number | 8701 | \$ 15,808.00 |
| | Creditor's Name | | 0007.00.00 | |
| | 304 Kellm Road | When was the debt incurred? | 2007-09-29 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | | Contingent | | |
| | Virginia Beach VA 23462 | Unliquidated | | |
| Ι, | City State Zip Code Who owes the debt? Check one. | Disputed | | |
| ` | | | | |
| | Debtor 1 only | - (1101100100101 | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cla | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | | |
| | Check if this claim relates to a | that you did not report as priority clair | | |
| ١., | community debt s the claim subject to offest? | Debts to pension or profit-sharing pla | ns, and other similar debts | |
| i | No | Other Consists | | |
| | Yes | Other. Specify | | |
| 4.12 | T-Mobile | Last 4 digits of account number | 1838 | \$ 807.00 |
| 1.12 | Creditor's Name | | | |
| | 17000 Dallas Pkwy Ste 20 | When was the debt incurred? | 2017-2017 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | Check all that apply | |
| | | Contingent | onosit all that apply: | |
| | Dallas TX 75248 | Unliquidated | | |
| | City State Zip Code | | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured cl | aim: | |
| | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | n agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority clair | | |
| ١. | community debt | Debts to pension or profit-sharing pla | ns, and other similar debts | |
| | s the claim subject to offest? | | | |
| | No T | Other. Specify Collecting for Cre | editor | |
| \vdash | Yes TCF National Bank | | | \$ 250.00 |
| 4.13 | | Last 4 digits of account number | | \$ 230.00 |
| | Creditor's Name PO Box 170995 | When was the debt incurred? | | |
| | Number Street | | | |
| | Number | | | |
| | | As of the date you file, the claim is: | Check all that apply. | |
| | Milwaukee WI 53217 | Contingent | | |
| | City State Zip Code | Unliquidated | | |
| ' | Who owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | | | |
| j | Debtor 2 only | Type of NONPRIORITY unsecured cl | aim: | |
| i | Debtor 1 and Debtor 2 only | Student loans | | |
| | At least one of the debtors and another | Obligations arising out of a separation | n agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority clair | • | |
| ' | community debt | Debts to pension or profit-sharing pla | | |
| ! | s the claim subject to offest? | | | |
| | No | Other. Specify | | |
| | Yes | | | |

Page 6 of 9 Case Number (if known) 17-27211 **Document** Debtor 1 Patrick

| Debtor 1 only Debtor 2 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts | sting any entries on this page, number the | m beginning with 4.4, followed by 4.5, and so forth. | Total Clai |
|--|--|---|----------------|
| Street S | TitleMax of Dolton | Last 4 digits of account number | \$ <u>0.00</u> |
| Number Street As of the date you file, the claim is: Check all that apply. Contingent Cont | Creditor's Name | | |
| As of the date you file, the claim is: Check all that apply. Dolton | 933 Sibley Blvd | When was the debt incurred? | |
| Dolton IL 60419 City State Zip Code The owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Community debt Check if this claim relates to a community debt Transunion Ceditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Check if this claim a Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Contingent Unliquidated Disputed Student loans Debts to pension or profit-sharing plans, and other similar debts When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Check if this claim relates to a community debt Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts | Number Street | | |
| Dotton IL 60419 City Slate Zip Code howes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt the claim subject to offest? No Yes Transunio Ceditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Check tell 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY un | | As of the date you file, the claim is: Check all that apply. | |
| Dotton IL 60419 City Slate Zip Code howes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt the claim subject to offest? No Yes Transunio Ceditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Check tell 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 6 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY unsecured claim: Debtor 6 NOPRIORITY un | | Contingent | |
| City State Zip Code hose was the debt? Check one. Disputed Debtor 1 only Debtor 2 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student toans At least one of the debtors and another Check if this claim relates to a community debt Transunion Creditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Chester PA 19022 City State Zip Code hose was the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans When was the debt incurred? 8/1/2017 12:00:00 AM As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Total Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Dolton IL 60419 | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Transunion Debts to pension or profit-sharing plans, and other similar debts Transunion Last 4 digits of account number Fireditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Chester PA 19022 City State Zip Code The owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts the claim subject to offest? No Other. Specify Yes Transunion Last 4 digits of account number Street As of the date you file, the claim is: Check all that apply. Chester PA 19022 City State Zip Code No owes the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts ### As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts | Debtor 1 only | | |
| At least one of the debtors and another Check if this claim relates to a community debt the claim subject to offest? No Yes Transunion Creditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Chester PA 19022 City State Zip Code Tho owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Type of NONPRIORITY unsecured claim: Check if this claim relates to a community debt Debtor 1 polity debt Check if this claim relates to a community debt Debtor 1 polity debt Debtor 2 polity Debtor 3 arising out of a separation agreement or divorce that you did not report as priority claims Confidence in that you did not report as priority claims Confidence in that you did not report as priority claims Confidence in that you did not report as priority claims Community debt Debtor 1 polity debt Debtor 2 polity Debtor 3 a separation agreement or divorce that you did not report as priority claims Debtor 1 polity claims Debtor 2 polity debt Debtor 3 polity claims Debtor 4 polity claims Debtor 5 polity claims Debtor 6 polity claims Debtor 6 polity claims Debtor 7 polity claims Debtor 9 polity claims | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Check if this claim relates to a community debt the claim subject to offest? No Ves Transunion Creditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Chester City State Zip Code Tho owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt that you did not report as priority claims Debtor 1 points of the debtors and another Check if this claim relates to a community debt that you did not report as priority claims Debtor 1 points of the debtors and another Check if this claim relates to a community debt that you did not report as priority claims Dobtor 1 points of the debtors and another Type of NONPRIORITY unsecured claim: Debtor 1 points of a separation agreement or divorce That you did not report as priority claims Debtor to pension or profit-sharing plans, and other similar debts | Debtor 1 and Debtor 2 only | Student loans | |
| Check if this claim relates to a community debt the claim subject to offest? No Ves Transunion Creditor's Name PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Chester City State Zip Code Tho owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt that you did not report as priority claims Debtor 1 points of the debtors and another Check if this claim relates to a community debt that you did not report as priority claims Debtor 1 points of the debtors and another Check if this claim relates to a community debt that you did not report as priority claims Dobtor 1 points of the debtors and another Type of NONPRIORITY unsecured claim: Debtor 1 points of a separation agreement or divorce That you did not report as priority claims Debtor to pension or profit-sharing plans, and other similar debts | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
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| Transunion Last 4 digits of account number PO Box 1000 Number Street As of the date you file, the claim is: Check all that apply. Chester PA 19022 City State Zip Code Tho owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts | No | Other Specify | |
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| At least one of the debtors and another Check if this claim relates to a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
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| community debt Debts to pension or profit-sharing plans, and other similar debts | Check if this claim relates to a | that you did not report as priority claims | |
| the claim subject to offest? | community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | the claim subject to offest? | _ | |

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Debtor 1 Patrick

List Others to Be Notified for a Debt That You Already Listed

| 5. | Use this page only if you have others to be notified about y example, if a collection agency is trying to collect from you 2, then list the collection agency here. Similarly, if you have additional creditors here. If you do not have additional personal creditors here. | for a debt you more than one | owe to someone else, list the original ecreditor for any of the debts that you | creditor in Parts 1 or I listed in Parts 1 or 2, list the |
|----|--|---------------------------------|--|--|
| | Secretary of State, Bankruptcy Dept. | | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name 2701 S. Dirksen Pkwy. | _ | Line 3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | _ | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Springfield IL City State Zip | - 62723 - Code | Last 4 digits of account number | |
| | Arnold Scott Harris PC, Bankruptcy Dept. | _ | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name 111 W Jackson Blvd Ste 600 | _ | Line 3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Chicago IL City State Zip | 60604 Code | Last 4 digits of account number | |
| | Merchants Credit Guide Co., Bankruptcy Dept. | | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name 223 W. Jackson Blvd., Ste. 900 | _ | Line 8 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Chicago IL | 60606 | Last 4 digits of account number | |
| L | City State Zip | Code | | |
| | Merchants & Medical Credit, Bankruptcy Dept. | _ | On which entry in Part 1 or Part 2 lis | st the original creditor? |
| | Name 6324 Taylor Drive | _ | Line 13 of (Check one): | Part 1: Creditors with Priority Unsecured Claims |
| | Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Flint MI | 48507-468 | Last 4 digits of account number | |
| | 0:1. 7: | | | |

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Debtor 1 Patrick

Middle Name

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. \S 159. |
|----|---|--|
| | Add the amounts for each type of unsecured claim. | |

| | | | Total claim |
|-----------------------------|---|------------|---------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$0.00 |
| | 6b. Taxes and Certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 |
| | | | |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | Total claim \$0.00 |
| Total claims from Part 2 | 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority | | \$0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims6h. Debts to pension or profit-sharing plans, and other | 6g. | \$ |

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| Fill in this in | formation to identify | your case: | i Light on any any and the second | |
|--------------------------|-------------------------|--------------------------------|--|---|
| Debtor 1 | Patrick | | Johnson | |
| Debtor 2 | First Name | Middle Name | East Name | |
| (Spause if filing) | First Name | Middle Name | East Name | |
| | | e: <u>NORTHERN</u> District of | ILLINOIS (State) | |
| Case Numbe (If known) | 17-27211 | | and the second s | x Check if this is an |
| | | | | amended filing |
| | | | | |
| Official F | orm 106 Dec | C | | |
| | | | Debtor's Schedu | les |
| Deciara | LIVII ADOUL | an marvidual F | Jepiul 5 Julieuu | 12/15 |
| If two married p | eople are filing toge | ther, both are equally resp | onsible for supplying correct | information. |
| | | | | ıking a false statement, concealing property, or nes up to \$250,000, or imprisonment for up to 20 |
| | 18 U.S.C. §§ 152, 134 | | intrupitely case can result in in | tes up to \$250,000, or imprisonment for up to 25 |
| 10. 1999/152-14 | Year Balance | | | |
| Tarakina da | Sign Below | - | | |
| Did you pay | or agree to pay som | neone who is NOT an attor | ney to help you fill out bankru | ptcy forms? |
| No | | | | |
| Yes | Name of Person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and |
| | | | | Signature (Official Form 119) |
| | | | | |
| | | | | |
| | | | | |
| Under pena | Ity of perjury, I decla | re that I have read the sun | nmary and schedules filed wit | h this declaration and that they are true and |
| | , () | / | | |
| * Ma | Must Jol | | × | |
| Signatur | e of Debtor 1 | | Signature of Debtor | 2 |
| - . | / | | | |
| Date | | | Data | |

MM / DD / YYYY

MM / DD / YYYY